## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

F

Application or Docket Number

1066 5487

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                       |                                 |                  |   | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|---|--|---|--------------|-----------------------|---------------------------------|------------------|---|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | Ø            |                       |                                 |                  |   | RATE                | FEE                    |                               | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED |                       | NUMBER EXTRA                    |                  |   | BASIC FEE           | 375.00                 | OR                            | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | g minus 20=  |                       | *                               |                  |   | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | € minus 3 =  |                       | *                               |                  |   | X42=                |                        | OR                            | X84=                |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PF                               | RESENT       |                       |                                 |                  |   | +140=               |                        | OR                            | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                              |  |   |              |                       |                                 |                  |   | TOTAL               | 375                    | OR                            | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |              |                       |                                 |                  |   | SMALL E             | ENTITY                 | OR                            | OTHER<br>SMALL      |                        |
| AMENDMENT A   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVIO | IEST<br>BER<br>OUSLY            | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 8   | Minus        | 2                     | 20                              | =                | } | X\$ 9=              |                        | OR                            | X\$18=              | /                      |
|   | Independent                                    | . 2   | Minus        | ***                   | <u>う</u>                        | -                |   | X42=                |                        | OR                            | X84=                |                        |
|   | FIRST PRESE                                    | NTATION OF MI                               | JLTIPLE DEF  | PENDEN                | T CLAIM                         |                  | J | +140=               | /                      | OR                            | +280=               |                        |
| ٠   |  |   |              |                       |                                 |                  |   | TOTAL<br>ADDIT, FEE |                        | OR                            | 70TAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                       |                                 |                  |   |                     |                        |                               |                     |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT            |              | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus        | **                    |                                 | <b>a</b>         |   | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|   | Independent                                    | *   | Minus        | ***                   | T CL AIM                        |                  | 4 | X42=                |                        | OR                            | X84=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                       |                                 |                  | J | +140=               |                        | OR                            | +280=               |                        |
|   |  |   |              |                       |                                 |                  |   | TOTAL<br>ADDIT, FEE |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                  |              |                       | mn 2)                           | (Column 3        | 1 |                     |                        |                               |                     |                        |
| AMENDMENT C   | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | NUA<br>PREV           | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                    |                                 | =                |   | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|   | Independent                                    | *   | Minus        | ***                   | T CL APP                        |                  | 4 | X42=                |                        | OR                            | X84=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                       |                                 |                  |   | +140=               |                        | OR                            | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                 |  |   |              |                       |                                 |                  |   |                     |                        |                               | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |              |                       |                                 |                  |   |                     |                        |                               |                     |                        |